

**CONNECTICUT STATE DEPARTMENT OF EDUCATION**  
Bureau of Health/Nutrition, Family Services and Adult Education  
25 Industrial Park Road  
Middletown, Connecticut 06457-1543

**SUMMER FOOD SERVICE PROGRAM – CLAIM FOR REIMBURSEMENT**  
**IMPORTANT: SEE REVERSE SIDE FOR INSTRUCTIONS**

- |  |   |
|--|---|
| 1. Name and Phone Number of Sponsor: _____<br>_____<br>_____   | 2. Agreement # _____<br>3. Month and Year covered by this report _____<br>4. Average Daily Attendance _____<br>5. Total Enrollment _____<br>7. No. of Operating days this month _____ |
| 6. Number of Sites in this report _____<br>Breakdown: Residential Camp _____ Non-Residential Camp _____ Other Sites _____                      |   |
| 8. Number of Sites: Rural or Self-Prep. _____ All Other _____  |   |
| 9. Type of Sponsor: School _____ Government _____ Residential Camp _____<br>National Youth Sports Program (NYSP) _____ Private Nonprofit _____ |   |

- |   |                     |                 |
|---|---------------------|-----------------|
| 10. Food Service by Type to all Eligible Children | Rural or Self-Prep. | All Other Types |
| A. Number of Breakfasts Served                    | _____               | _____           |
| B. Number of Lunches Served                       | _____               | _____           |
| C. Number of Suppers Served                       | _____               | _____           |
| D. Number of Snacks (A.M. and/or P.M.) Served     | _____               | _____           |

11. Meals Not Eligible for Reimbursement:
- |  |       |
|--|-------|
| A. Ineligible Children: Total number of meals served (all types) | _____ |
| B. Non-Program Adults: Total number of meals served (all types)  | _____ |
| C. Program Adults: Total number of meals served (all types)      | _____ |

12. Program Costs: (include all costs incurred in the month whether or not paid)  
**DO NOT INCLUDE VOLUNTEERS UNDER LABOR OR SALARIES**
- |                            |       |                                 |       |
|----------------------------|-------|---------------------------------|-------|
| <b>A. Operating Costs:</b> |       | <b>B. Administrative Costs:</b> |       |
| 1) Food Used               | _____ | 1) Administrative Salaries      | _____ |
| 2) Labor                   | _____ | 2) Office Rental                | _____ |
| 3) Non-Food Supplies       | _____ | 3) Utilities                    | _____ |
| 4) Utilities               | _____ | 4) Office Supplies              | _____ |
| 5) Kitchen or Truck Rental | _____ | 5) Audit Fees                   | _____ |
| 6) Equipment Rental        | _____ | 6) Transportation               | _____ |
| 7) Other                   | _____ | 7) Other                        | _____ |
| 8) TOTAL                   | _____ | 8) TOTAL                        | _____ |

- |                                |       |                              |       |
|--------------------------------|-------|------------------------------|-------|
| 13. Cash Income to Program     |       |                              |       |
| A. Program Adult Meal Payments | _____ | D. Other                     | _____ |
| B. Cash Donations or Grants    | _____ | E. Other Adult Meal Payments | _____ |
| C. Interest                    | _____ | TOTAL (A-E)                  | _____ |

I CERTIFY that the information supplied above is correct to the best of my knowledge, that records are available to support this claim, that this claim is in accordance with the terms of existing Agreement(s), and that payment has not been received.

I FURTHER CERTIFY that all sites approved in the administrative budget operated and that there has been no significant change in the administrative costs since the preceding claim or advance payments.

\_\_\_\_\_  
Signature of Authorized Sponsor Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

All claims must be mailed by the 15<sup>th</sup> of the month following the month covered by this report. SUBMIT ONE COPY with an original signature to the above address and keep a copy for your file. All receipts, invoices, and other evidence of purchase must be retained and available for audit for a period of three years and three months after the end of the fiscal year.

### INSTRUCTIONS

1. Enter name and phone number of sponsor as indicated on signed Agreement (ED-099).
2. Enter your agreement number as assigned on ED-099. Check for accuracy.
3. Enter month and year covered by this report.
4. Enter the average daily attendance of eligible children for the month covered by this report.
5. Enter the number of eligible children listed as enrolled whether or not they attended.
6. Enter number of sites covered by this report.
7. Enter total number of days which food service operated during the month covered by this report.
8. Enter number of sites by categories of rural or self-prep., or all other.
9. Check the sponsor by appropriate type.
10. Enter under the appropriate column and the proper corresponding lines the actual number of eligible meals you served\*.
11. A. Enter total number of meals not eligible for reimbursement served for all meal types i.e., breakfast, lunch, supper, snack. Ineligible meals are meals served to ineligible children, excess second meals, meals not served and discarded, and meals otherwise served in violation of program regulations\*.
- B. Enter total number of non-program adult meals served for all meal types i.e., breakfast, lunch, supper, snack. Non-program adult meals are meals served to non-program adults or guests\*.
- C. Enter total number of program adult meals served for all meal types i.e., breakfast, lunch, supper, snack.
12. Enter Under:
  - A.
    - 1) The total cost of food used during the month covered by this report.  
(In the case of a vendor or management contract, enter actual charge for meals).
    - 2) The total cost of labor, including fringe benefits, for preparing and serving food and on-site supervision during the month covered by this report. **DO NOT INCLUDE VOLUNTEERS.**
    - 3) The total cost of non-food supplies used.
    - 4) The cost of utilities used to prepare meals.
    - 5) The rental cost of kitchen facilities or trucks.
    - 6) The cost of renting equipment.
    - 7) Enter all other costs.
    - 8) Total of items 1, 2, 3, 4, 5, 6, and 7.
  - B.
    - 1) Total cost of administrative salaries including fringe benefits during the month covered by this report. **DO NOT INCLUDE VOLUNTEERS.**
    - 2) Total cost of renting office space.
    - 3) Utility costs relating to office space.
    - 4) Total cost of all office supplies.
    - 5) All audit costs (for programs required to provide an audit report to the State Agency).
    - 6) Mileage for program coordinator and monitors and rental costs.
    - 7) All other costs.
    - 8) Total of items 1, 2, 3, 4, 5, 6, and 7.
13. Enter Under:
  - A. Total of all program adult payments for meals.
  - B. Total of all cash donations or grants.
  - C. Interest earned.
  - D. Other cash income to program.
  - E. Total of all non-program adult payments for meals.

\*Adjustments to the claim form for program violations issued by State Agency personnel will be made at the State Agency.